ARIZONA 1/1/00

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT Arizona Revised Statutes 46:252.

EFFECTIVE DATE

May 9, 1974.

ADMINISTRATION 1

Department of Economic Security (State-administered in local offices of State agency in communities or through contract

agencies).

PASSALONG

In compliance by the method of maintaining all payment levels.

SCOPE OF COVERAGE Optional State supplement provided to SSI recipients in living arrangements listed under "Payment Levels" as well as to needy persons ineligible for SSI. Nursing home supplements provided only to aged persons. Funds from public or private nonprofit organizations are used to defray the cost of nursing home care. Blind and disabled children are eligible for optional

supplementation.

RECOVERIES,

LIENS, AND ASSIGNMENTS

None.

RELATIVE

RESPONSIBILITY

None.

INCOME

DISREGARDS

No disregards in addition to the Federal income disregards.

RESOURCE LIMITATIONS Federal SSI resource limitations apply.

PLACE OF

APPLICATION

Area Agency on Aging, Catholic Social Services, other designated contracting agencies, and local offices of State Department of Economic Security. The County Health

Department of Economic Security. The County Health
Department Long-Term Care Unit and the City Human

Resources Department arrange home interviews (if needed) or

refer to appropriate agencies.

FUNDING Assistance: State funds.

Administration: State funds.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

1/1/00 ARIZONA

INTERIM ASSISTANCE State participates.

PAYMENT LEVELS 1

PAYMENTS REFLECT FBR FOR 2000 AND 1999 STATE RATE 2

Living arrangements	Combined Federal/State <u>Individual</u> <u>Couple</u>		State supplementation Individual Couple	
Requires housekeeping services	\$582.00	(3)	4 \$70.00	(3)
Licensed supervisory care homes, adult foster care homes, or 24-hour treatment facilities	562.00	869.00	50.00	100.00
Licensed private nursing homes: Aged	592.00	929.00	80.00	160.00

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION Department of Economic Security.

SPECIAL NEED CIRCUMSTANCES:

VISITING NURSE Up to \$160 per month to any aged SSI recipient who is 65 years or

SERVICES older when medical findings substantiate need.⁵

HOME HEALTH Up to \$160 per month to any aged SSI recipient who is 65 **SERVICES** vears or older when medical findings substantiate need ⁴

years or older when medical findings substantiate need.⁴

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

State supplementation payment levels shown are from 1999, SSA was unable to obtained updated information from state.

³ Services or cash benefit provided is the same for individuals or couples.

⁴ Services may be provided in lieu of cash grants.

⁵. Vendor payments.

ARIZONA 1/1/00

MEDICAID 1

ELIGIBILITY:

CRITERION SSI program guidelines (title XVI).

DETERMINED BY Social Security Administration.

MEDICALLY NEEDY

PROGRAM No programs for the aged, blind, or disabled medically needy.

UNPAID MEDICAL

EXPENSES The Social Security Administration obtains this information.

¹ Medical assistance is provided through a title XIX authorized demonstration program, the Arizona Health Care Cost Containment System (AHCCCS), which is more limited in scope than Medicaid.

CALIFORNIA 1/1/00

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT

Section 12000ff, Welfare and Institutions Code.

EFFECTIVE DATE

January 1, 1974.

ADMINISTRATION 1

Social Security Administration.

PASSALONG

In compliance by the method of maintaining all payment

levels.

SCOPE OF COVERAGE

Optional State supplement provided for every aged, blind, and disabled SSI recipient. Blind and disabled children are eligible

for optional State supplementation.

RECOVERIES,

LIENS, AND **ASSIGNMENTS** None.

RELATIVE

RESPONSIBILITY

None.

INCOME

DISREGARDS

No disregards in addition to the Federal income disregards.

RESOURCE

LIMITATIONS

Federal SSI resource limitations apply.

PLACE OF

APPLICATION

Social Security Administration field offices.

FUNDING

Assistance: State funds. Administration: State funds.

INTERIM

State participates.

ASSISTANCE

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation-10

1/1/00 CALIFORNIA

PAYN	MENT LEVELS 1				
		Combined Federal/State		State supplementation	
<u>Code</u>	<u>Living arrangements</u>	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Independent living with cooking facilities:	0000.00	01 000 00	0100.00	0.400.00
	Aged and disabled	\$692.00	\$1,229.00	\$180.00	\$460.00
	Blind	749.00	² 1,424.00	237.00	655.00
В	Nonmedical out-of-home care	847.00	1,694.00	335.00	925.00
C	Independent living without cooking facilities				
	Aged and disabled	765.00	1,375.00	253.00	606.00
	Blind	749.00	1,424.00	237.00	655.00
D	Living in household of another:				
	Aged and disabled	529.00	1,006.00	187.66	493.33
	Blind	599.00	³ 1,202.00	257.66	689.33
E	Disabled minor in home of parent, guardian or relative by marriage	593.00	N/A	81.00	N/A
F	Nonmedical out-of-home care, living in household of another	679.00	1,396.00	337.66	883.33
G	Disabled minor in the household of another	421.00	N/A	79.66	N/A
J	Medicaid facility	44.00	88.00	14.00	28.00

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled. Blind individuals aged 65 or older are entitled to the highest payment category for which they qualify.

² Payment standard for a couple where only one member is blind is \$1,351.00.

³ Payment standard for couple with one blind member is \$1,128.00.

CALIFORNIA 1/1/00

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION Health and Welfare Agency, Department of Social Services.

SPECIAL NEED CIRCUMSTANCES:

MAINTENANCE FOR GUIDE DOG Eligible recipients with guide, signal, or other service dogs receive \$50 per month in State aid to pay for dog food and other costs associated with the dog's maintenance.

IN-HOME SUPPORTIVE SERVICES Supportive services (i.e., certain domestic and personal care services) are provided to eligible aged, blind, and disabled persons who cannot perform the services themselves and who cannot safely remain in their own homes unless such services are provided.

MEDICAID

ELIGIBILITY:

CRITERION SSI program guidelines (title XVI).

DETERMINED BY Social Security Administration.

MEDICALLY NEEDY PROGRAM

Program for the aged, blind, and disabled medically needy.

UNPAID MEDICAL EXPENSES

The Social Security Administration does not obtain this information.

HAWAII 1/1/00

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT The contract between State and the Social Security Administration approved by Attorney General of Hawaii.

EFFECTIVE DATE

January 1, 1974.

ADMINISTRATION 1

Social Security Administration.

PASSALONG

In compliance by the method of maintaining all payment levels.

SCOPE OF COVERAGE Optional supplement provided for every SSI recipient except those who are living in the household of another or who are patients in either:

1) medical facilities where Medicaid pays more than 50 percent of the cost of care; or

2) private medical facilities not certified under Medicaid. Blind and disabled children are eligible for supplemental payments. Payment amounts for eligible children in domiciliary care are determined on an individual basis. Recipients in medical facilities who are eligible for Federal payments under Section 1611(e)(1)(E) receive State optional supplementation (code A payment level) for up to 2 months.

RECOVERIES, LIENS, AND

ASSIGNMENTS

None.

RELATIVE

RESPONSIBILITY

None.

INCOME DISREGARDS No disregards in addition to the Federal income disregards.

RESOURCE LIMITATIONS

Federal SSI resource limitations apply.

PLACE OF APPLICATION Social Security Administration field offices.

FUNDING

Assistance: State funds.
Administration: State funds.

INTERIM

ASSISTANCE State participates.

Mandatory minimum supplementation is administered by the same agency as optional supplementation. 26

HAWAII 1/1/00

PAYMENT LEVELS 1					
Code	Living arrangements	Combined Fed <u>Individual</u>	eral/State <u>Couple</u>	State suppler <u>Individual</u>	mentation <u>Couple</u>
A	Living independently	\$516.90	\$777.80	\$4.90	\$8.80
Н	Domiciliary care facility (1 to 5 residents)	1,033.90	2,067.80	521.90	1,298.80
I	Domiciliary care facility (6 or more residents)	1,141.90	2,283.80	629.90	1,514.80

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION Department of Human Services

SPECIAL NEED Housing and utility deposit (one-time only). ² **CIRCUMSTANCES:** Repair or replacement of stove or refrigerator. 3

Emergency assistance due to natural disaster. 3

Special care payments of \$100 monthly are provided to SSI recipients residing in domiciliary care home who have been certified for an intermediate care facility (ICF) or skilled nursing facility but have not been placed in one because of a lack of bed space. In addition to meeting other requirements, these recipients must either be wheelchair bound, incontinent, or in need of nonoral medication.

MEDICAID

ELIGIBILITY:

CRITERION State guidelines.

DETERMINED BY State.

MEDICALLY NEEDY **PROGRAM**

Program for the aged, blind, and disabled medically needy.

UNPAID MEDICAL EXPENSES

The Social Security Administration does not obtain this

information.

Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

Payments made to SSI recipients if their total income is less than \$418 monthly.

NEVADA 1/1/00

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT

Nevada Revised Statutes, Title 38, Public Welfare.

EFFECTIVE DATE

January 1, 1974.

ADMINISTRATION

Social Security Administration.

PASSALONG

In compliance by the method of maintaining all payment levels.

SCOPE OF COVERAGE Optional State supplement provided for every aged or blind recipient except those in medical institutions not licensed by Medicaid and those in medical institutions for whom Medicaid pays over 50 percent of the cost of their care. State does not have an assistance program for disabled persons. Blind children are

eligible for optional supplementation.

RECOVERIES.

LIENS, AND **ASSIGNMENTS** None.

RELATIVE

RESPONSIBILITY

None.

INCOME

DISREGARDS

No disregards in addition to the Federal income disregards.

RESOURCE

LIMITATIONS

Federal SSI resource limitations apply.

PLACE OF

APPLICATION

Social Security Administration field offices.

FUNDING

Assistance: State funds. Administration: State funds.

INTERIM

ASSISTANCE

State participates.

NEVADA 1/1/00

PAYMENT LEVELS 1

		Combined Federal/State		State supplementation	
<u>Code</u>	Living arrangements	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living independently: Aged	\$548.40	\$843.46	\$36.40	\$74.46
	Blind	621.30	² 1,143.60	109.30	² 374.60
В	Living in household of another:				
	Aged	365.61	562.31	24.27	49.64
	Blind	555.30	³ 1,044.61	213.96	³ 531.94
C	Domiciliary care: Aged and blind	862.00	1,650.00	350.00	881.00

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID

ELIGIBILITY:

CRITERION SSI program guidelines (title XVI)

DETERMINED BY State.

MEDICALLY NEEDY

PROGRAM

No program for the aged, blind, and disabled medically needy.

UNPAID MEDICAL The Social Security Administration does not obtain this

EXPENSES information.

Blind individuals aged 65 or older are entitled to the highest payment category for which they qualify. A supplement is not paid to a SSI recipient whose eligibility is based on disability.

² Payment level when both members are blind; when one member is aged, payment level is reduced by \$150.07.

³ Payment level when both members are blind; when one member is aged, payment level is reduced by \$241.15.